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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/784,461	02/23/2004	Heinz Plank	LVIP:111 US	8252
75	90 09/13/2006	•	EXAMINER	
HOWARD M. ELLIS SIMPSON & SIMPSON, PLLC			BUI, LUAN KIM	
5555 Main Stree	,		ART UNIT	PAPER NUMBER
Williamsville, NY 14221			3728	

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)	
Notice of Non-Compliant	110/784,46		
Amendment (37 CFR 1.121)	Examiner	Art Unit	·
,, e., e., e., e., e., e., e., e., e	BUI, LUAN KIM	3728	
The MAILING DATE of this communication app			ess
The amendment document filed on <u>6 September 2006</u> is requirements of 37 CFR 1.121. In order for the amendment required.			
THE FOLLOWING MARKED (X) ITEM(S) CAUSE THE 1. Amendments to the specification: A. Amended paragraph(s) do not include B. New paragraph(s) should not be unde C. Other	markings.	ENT TO BE NON-COMPLIA	NT:
2. Abstract:A. Not presented on a separate sheet. 37B. Other	7 CFR 1.72.		
 ☑ 3. Amendments to the drawings: ☑ A. The drawings are not properly identified "Annotated Sheet" as required by 37 C ☑ B. The practice of submitting proposed d 	CFR 1.121(d). rawing correction has be	een eliminated. Replacemen	t drawings
showing amended figures, without ma ☐ C. Other	arkings, in compliance w	ith 37 CFR 1.84 are required.	
 4. Amendments to the claims: A. A complete listing of all of the claims is B. The listing of claims does not include to C. Each claim has not been provided with of each claim cannot be identified. Not number by using one of the following (Previously presented), (New), (Not expected). D. The claims of this amendment paper to E. Other: 	the text of all pending cla h the proper status ident ote: the status of every status identifiers: (Origin ntered), (Withdrawn) and	tifier, and as such, the individ claim must be indicated after nal), (Currently amended), (Co d (Withdrawn-currently amen	ual status its claim anceled), ded).
For further explanation of the amendment format require			